



Application # \_\_\_\_\_

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Ryan Donnelly Date 23 OCT 24  
Site Address: 1076 Cameron Hill Rd Phone 910 889 2883  
Subdivision: n/a Lot \_\_\_\_\_  
Description of Proposed Work: New Construction Total Job Cost 288,544.00

**General Contractor Information**

Showcase Restoration Telephone 910 864 0911  
Building Contractor's Company Name  
125 Drake Street Fayetteville NC 28301 Email Address AP@911showcase.com  
Address  
60267 **HEATED SQ FT** 2402 **GARAGE SQ FT** 778  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work New Construction Service Size: 200 Amps T-Pole:  Yes  No  
Culbertson Electric Telephone 910 723 3293  
Electrical Contractor's Company Name  
816 Camwheel Dr Hope Mill NC 28348 Email Address reculbertsonelectric@gmail.com  
Address  
26627-L  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work New Construction  
Performance Heating & Air Telephone 910 916 8201  
Mechanical Contractor's Company Name  
6700 Darry Lane Wade NC 28395 Email Address performanceheatingair@yahoo.com  
Address  
5100984  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work New Construction # Baths 3  
On Time Plumbing Telephone 910 884 8702  
Plumbing Contractor's Company Name  
86 Meadows St Spring Lake NC 28390 Email Address ontimeplumbing83@gmail.com  
Address  
33798  
License # \_\_\_\_\_

**Insulation Contractor Information**

Showcase Restoration Telephone 910 864 0911  
Insulation Contractor's Company Name & Address  
\_\_\_\_\_

**\*NOTE: General Contractor / owner must fill out and sign the second page of this application.**

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

**EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.**

  
Signature of Owner/Contractor/Officer(s) of Corporation

23 OCT 2024  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:

General Contractor     Owner     Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title:  General Manager

Date: 23 OCT 2024